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FOR INFORMATION

SUMMARY OF MAJOR EVALUATIONS OF COUNTRY PROGRAMMES

Middle East and North Africa region

SUMMARY

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The evaluations described in the present report were conducted during 1997.

INTRODUCTION

1. Of the 55 evaluations and studies planned by country offices in the Middle East and North Africa (MENA) region in 1997, 40 per cent were in the health sector and about 20 per cent in the education sector. Only one evaluation, of children's media consumption patterns, dealt with communications. For the first time, there was a significant number of evaluations and assessments of community-based projects. This distribution reflects the relative priorities given to programme sectors, as well as the availability and clarity of methodologies and indicators for measurement of progress.

2. There is increased awareness in the region of the need to set clear and measurable country-level goals, and to define indicators for measuring progress towards these goals. The framework for an integrated monitoring and evaluation plan is proving to be an important part of the preparation for new country

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programmes and mid-term reviews. This integrated plan provides a much needed linkage between the planning process and agreement on goals, and the selection of readily measurable indicators by which progress towards these country-level goals can be monitored, with plans adjusted accordingly.

3. There were no mid-term reviews in the MENA region in 1997.

MAJOR COUNTRY PROGRAMME EVALUATIONS

4. In 1997, several countries undertook assessments of projects with strong community involvement components. These included projects in which the community was involved in nutrition improvement, primary education, building local-level activities for youth and income generation.

El Kef Integrated School Development Project, Tunisia

5. The El Kef Integrated School Development Project began in 1992 with the agreement of the Tunisia Ministry of Education; a local non-governmental organization (NGO), the El Kef Foundation for Regional Development (Fondation El Kef pour le Développement Régional); and UNICEF. It was initially designed as a pilot project to improve the performance of 30 low-performing schools. The second phase, begun in January 1997, enlarged its scope to include educational policy reform. The project currently targets 120 rural schools with 30,000 pupils in two governorates, and the project approach will gradually be extended to all of Tunisia's 4,500 primary schools.

6. The current project objectives are to identify and develop innovative approaches to improve the quality of primary schooling; and to increase equity of access and achievement for rural and urban schools, boys and girls, and high- and low-performing schools and children. This is being done through a package of interventions, including competency-based teaching and improved classroom management; such extra-curricular activities as theatre, radio clubs and school gardens; the training of parent-teacher associations; and improved physical infrastructure. The project is closely linked to a UNICEF-supported national initiative that promotes competency-based teaching, which sets up hierarchies of learning objectives, ranging from entry-level competence to the desired final, outcome competencies. Teaching is structured to take pupils from one level of competence to another through a carefully defined approach. This competency-based teaching method is complemented in the El Kef project by a new, participatory approach of classroom management, which has decentralized responsibility for learning and in which the teacher takes on the role of facilitator or resource person. This approach uses methods such as "learning contracts" and engages the faster learners to coach slower students, either individually or in groups. In addition, a comprehensive system for measuring learning achievement was put in place.

7. An evaluation in 1995 and an appraisal in early 1997 established that replication of the project would require linkages to national efforts to improve the quality of learning. They also stressed that the project should focus more on teacher-pupil interaction and classroom management. Both the evaluation and the appraisal indicated that it would be premature to make definitive judgements on the pedagogical approach of the project. Nevertheless, preliminary results show encouraging improvements in selected indicators, including the percentage

of children who are promoted to grade 7, which rose from 46 per cent in 1991 to 61 per cent in 1995. Educational results in the El Kef project area appear to be slightly higher than the national average, although a weak monitoring system makes it difficult to attribute this to the project.

8. The 1997 appraisal largely corroborated the results of the earlier evaluation. The results from the database on learning achievement indicated that pupils from the El Kef project's rural schools now master basic competencies as well as their peers in other, better-off schools in the national basic competencies programme. Equity between low- and high-performing students also improved more in the El Kef schools than elsewhere. The project showed that the innovative teaching and management methodologies can be used in a traditional educational environment. Participatory teaching methods that involve children can work in isolated rural schools struggling under relatively difficult conditions. This is largely due to the national commitment to the programme and to the thoroughness of the in-service training that is provided. Community involvement in building and maintaining school facilities was very successful and contributed to higher attendance. School gardens and the raising of livestock provide small quantities of food and income, but their principle value is in providing learning opportunities. Training would help teachers make these experiences more valuable to the students. The principals and administrators need additional training, both to manage better their resources and to be able to create a more "child-friendly" environment. Finally, community participation in the management of schools, through revitalized parent-teacher associations, has proven instrumental in sharing information, creating awareness and improving discussion of school and classroom management. This participation needs to be strengthened further.

The Child-Friendly Community Initiative, West Bank and Gaza

9. The Child-Friendly Community Initiative (CFCI) was launched in 1996, in collaboration with grass-roots groups and the Palestinian Ministry of Youth and Sports. The overall aim of the project is to: help children and youth to learn better life skills and to participate actively in 15 villages in West Bank and Gaza in the development of their local communities; provide children in remote, rural and underprivileged communities with equal opportunities to participate in community activities, with special focus on young girls and disabled children; upgrade existing youth centres for children and youth and make their communities "child-friendly"; and address the concerns of children and youth affected by the occupation.

10. The objective of this rapid appraisal was to identify the weaknesses and strengths of this project, and to formulate recommendations to the Ministry and to UNICEF for its possible expansion. The appraisal included a desk review of documentation on the project. A questionnaire was developed to evaluate the efficacy and contributions of the youth centres. Focus group interviews were conducted with the coordinators, community leaders and Ministry and UNICEF staff. The team inspected the records and observed locations, activities and patterns of interaction between children, supervisors and community leaders. The findings were discussed by UNICEF and its counterparts and included in the report.

11. The project's major accomplishment is that it offers community-based and community-run alternatives to national-level interventions seeking to meet

children's needs. Among the strongest components of community participation were the selection and training of volunteers from the community and support to summer camps for children and youth. The project's activities also integrated educational and recreational goals.

12. The assessment concluded that the centres would be strengthened if the facilitators and community leaders were trained more systematically in issues related to children and child development, and in community work and mobilization. Their previous training had focused on community social problems, including early marriage. Future training should cover techniques for collective needs assessment, planning, problem-solving, advocacy and resource mobilization at the community level. Additional training could focus on learning and child development and other developmental activities could be added. Information-sharing on the rights of children, women and disabled people could be better incorporated in the activities of community and youth centres.

13. Other recommendations focused on ways in which the project's management could be enhanced. Better cooperation is needed between the United Nations agencies working with the ministries and the departments concerned with health, education and other sectors affecting child development. UNICEF support needs to be integrated fully across programme sectors, so that the project better incorporates health and education activities. A baseline study should be done, and systematic needs assessments with community participation will sharpen further the focus of the activities. A system of community-based monitoring may also be useful for obtaining feedback. More specifically, a full-time facilitator is needed in each CFCI site to enable continuity and to facilitate and support greater accountability of the community volunteers. Finally, additional work in the community could be taken on, beyond what is carried out at the CFCI centre. Such activities could focus on all the aspects of a child's life (school, neighbourhood and community).

Family Development Fund (micro-credit),Egypt

14. An internal assessment was conducted to review UNICEF support for micro-credit through the Family Development Fund (FDF) project and to develop a strategy and plan of action with the UNICEF country office. The objectives of FDF, which operates in four low-income governorates of Egypt, are to improve the socio-economic conditions of low-income women and women with no assets by providing credit for such small enterprises as livestock production, sewing and handicrafts, which create opportunities for self-employment and income-generation; and to promote an integrated package of basic social services including primary health care, education, water and sanitation. A key strategy of FDF is to reach the poorest of the poor.

15. The FDF is modeled on the Grameen Bank (Bangladesh) and is modified to suit conditions in Egypt. It thus builds on the village-level community development associations (CDAs), elected bodies that are responsible for a wide range of concerns. Each individual FDF scheme has a board of directors which has overall responsibility for making key operational decisions. Policy decisions are made jointly with UNICEF.

16. Since FDF began in one governorate in 1994 with an initial capital of $375,000, it has reached 3,640 households, or an estimated 18,200 poor people. The entire FDF programme represents an investment of $111 per household and a total of $405,000. The FDF is cost-efficient, covers its costs (the estimated repayment rate is above 90 per cent) and is financially sustainable.

17. The assessment methodology consisted of field visits made to three governorates in Upper Egypt and to Alexandria in Lower Egypt. Discussions were held with borrowers, credit officers and NGOs. The assessment included project visits, a visual participatory rural assessment and discussions with a number of governorate officials.

18. This review noted important accomplishments. UNICEF has taken advantage of the strengths of the well-developed and regulated system of CDAs and NGOs in Egypt. The UNICEF model has a proven capacity to reach the poorest. By recruiting the credit officers from within the community, FDF has kept costs low and has allowed the community to identify loan recipients from among the poorest. Detailed data on the socio-economic situation of the household are collected by the extension officers. The screening of borrowers at both levels - extension workers and the board of directors - has likewise contributed to successful targeting. Through its advocacy, UNICEF has been successful in influencing other national partners to adopt the FDF model. One international and three national partners have made commitments of $10.5 million for the expansion of micro-credit. UNICEF has agreed that its future contribution will consist mainly of technical assistance to reach an additional 31,500 borrowers.

19. While the project has been largely successful in reaching the poor, it is likely that there are other, poorer people in the project communities who are not being reached. They may be reluctant to join the scheme, preferring to rely on their existing subsistence income rather than risk borrowing. Second, the annual training cost amounts to $933 per extension worker, some of which is attributable to start-up costs. As the project matures, these costs need to be assessed carefully. A management and oversight structure is being developed with the Ministry of Rural Development and other national partners to achieve institutional sustainability. At present, each scheme operates independently with limited but regular oversight by NGO field coordinators. UNICEF has remained directly involved in major policy changes, external financial analysis, off-site training and fund-raising.

20. The review recommended that a systematic impact evaluation be carried out to assess progress against objectives, and to make management recommendations for sustainability and for improved effectiveness. Borrowers should be encouraged to graduate to other financial institutions, which in turn should be encouraged to lend to the very poor. In order to expand FDF to a national level, it will be necessary to enlist additional partners. Policy and oversight committees could be set up at the governorate level for this purpose in cooperation with the Government and NGOs. Individual schemes would be accountable to this group. The review also recommended that the expansion of the FDF project be closely coordinated between the Government and NGO extension workers to keep operating costs low.

Community Nutrition in Action, Oman

21. From 1980 to 1995, Oman reduced infant mortality by 74 per cent, more rapidly than any other country (according to both UNICEF and the United Nations Development Programme). The country is now taking steps to reduce malnutrition rates in young children. According to the 1995 Gulf Family Health Survey, 23 per cent of children under five years of age were underweight, 23 per cent were stunted and 13 per cent wasted. The Al Dakhiliya region of central Oman showed the most widespread and severe child malnutrition, with nearly one third of children under five years old underweight.

22. The Ministry of Health, with support from UNICEF, initiated an innovative approach based on the "triple A" cycle of assessment of the problem of malnutrition, analysis of its causes and initiation of relevant action. Women volunteers selected from the community receive training in the "triple A" methodology and on malnutrition, its causes and such key caring practices as breast-feeding and complementary feeding. They are responsible for monthly growth monitoring and promotion of each child; counseling of mothers with nutrition education and information on diarrhoeal disease; provision of antenatal care; and facilitation of immunization campaigns. Piloted in three villages in the Al Dakhiliya region, the programme became fully operational in January 1994 in four villages and by 1997 had expanded to cover 100 villages in the region. The project reached 4,424 children, two thirds of the eligible population of children under five years.

23. In 1996, the Government assessed the project for its effectiveness and to make adjustments before expansion. The study included internal and external appraisals of the project and two qualitative assessments of the perceptions and experiences of the volunteers and health staff involved in the project.

24. The external appraisal found the project to be well-focused and effectively managed, and that it was building community-level awareness and interest in nutrition improvement. All levels of participants, including mothers, community volunteers, coordinators and administrators at the central level, were strongly committed to the project and participated actively. The project was considered financially and institutionally sustainable.

25. One qualitative assessment involved interviews with the volunteers, seeking insights into the motivations for their work, recording their perceptions about the project and eliciting their views of nutritional conditions and activities in their communities. The volunteers were highly motivated to contribute to their communities and valued the knowledge and skills they acquired. The other assessment, of health workers' attitudes, found that they highly appreciated the volunteers, especially their enthusiasm and dedication, their work in their own communities and the low cost of their services.

26. Both the internal appraisal and the assessment of the perceptions of volunteers suggested that rates of malnutrition (underweight) had dropped significantly in the first two years of the project. It is too early to measure the nutritional impact using project data and the external appraisal recommends a population-based nutrition evaluation to determine the impact. The appraisals and assessments identified areas where adjustments could be made. Health staff noted several factors limiting the volunteers' effectiveness, including high turnover rates, family obstacles to their participation and a lack of incentives and full acceptance by the community. The appraisals and assessments agreed that additional training for the volunteers was needed.

27. The external appraisal said that the project placed strong emphasis on assessment, through child weighing, by the community volunteer, although relatively less time is taken with the mother to analyze why her child is underweight and what remedial action might be taken. The appraisal suggested that the volunteer's workload could be rationalized if the project interventions were targeted to the children most vulnerable to malnutrition, those aged 6-24 months. Young children would be caught before problems became entrenched

and the volunteers' workload of weighing would be reduced by almost 50 per cent, enabling them to spend additional time with mothers in identifying both reasons for faltering and remedial action. In addition, time-bound and quantified goals and objectives for the project need to be specified clearly and understood by everyone involved in the project at all levels. Outcome goals might be based on the relevant goals of the World Summit for Children, and process objectives could specify how such outcomes could be achieved. This in turn would determine the type of simple indicators to monitor within an improved management information system.

28. The project showed the effectiveness of investing in human resources at the community level by providing community volunteers with training that is comprehensive, multi-disciplinary and skill-oriented. Volunteers who come from the community can in turn transmit what they have learned to other community members, bridging any gap between service providers and recipients. This is particularly important in Oman where many health workers are expatriates.

29. The Ministry of Health is taking these findings into account in its expansion of the project to five other regions, with the support of UNICEF.

A study on working children: the Moroccan case

30. The objective of the study was to undertake a situation analysis of working children in Morocco and to understand better their daily reality. The study included a focus on child apprentices in trades and industry. Its findings will provide the Government and NGOs with information about the extent and nature of this work, and will help to guide programmes that offer protection, non-formal education, vocational training and social and educational services for working children.

31. The methodology consisted of a qualitative study in urban areas, focusing on different sectors of artisanal work and the industrial sector. Interviews were done with 100 children, using a structured questionnaire, and with their employers and work inspectors.

32. The study revealed that children work mainly because of their families' poverty and large sizes and the limitations of the educational and training system. Many children begin to work at an early age - 28 per cent of the group before age 10 and 51 per cent before age 12. Many children have failed at school and are drawn by a demand for apprentices as young as 6-10 years in the artisanal sector. The law of apprenticeship, affecting children above 12 years of age, is applied rarely and was not known to the children interviewed. Links between employment and apprenticeship or training are not always evident: 63 per cent of the children surveyed did not receive any training (especially in industry). In general, the employers do not allot time during the workday to incorporate the objectives of apprenticeship or training. Instead, many encourage children to work beyond the legal limits. The reported remuneration level is below the minimum wage: more than 70 per cent of children surveyed receive a salary of 100-200 dirhems per month, only 7-13 per cent of the minimum salary. Finally, many work environments posed the risk of illness or accident because they are unhygienic, unsafe and subject to excessive noise levels.

33. The study recommends that laws on child labour should be harmonized and that the law on compulsory education be extended to cover children up to the age of 15 years. The apprenticeship system should be reviewed in terms of its objectives and the systems of apprenticeship. Better links need to be established between children's work and their learning of a trade or skill. The workplace environment should be made more conducive to training and learning. Work inspection should be improved to focus on the protection of working children. Employment conditions for working children should be normalized. Workplaces that employ children should adjust work hours to accommodate both work and training. Finally, financial incentives should be given to workplaces that implement these measures.

34. Extensive advocacy is needed to promote such changes in the training programmes with those involved with working children, including employers, trainers, personnel delegations, work inspectors, physicians and trade unions. The study also proposes that advocacy be done with employers of children on child rights. The Ministry of Education, in cooperation with the Ministry of Health, is now pursuing a strategy of establishing agreements with the heads of factories to guarantee basic education and health services for children working in the factories. The owner of one carpet factory recently has made a formal commitment to respect the legal working age in the hiring of girls, and to ensure that all the children employed have access to basic education. Two shifts of classes have been organized so that all the girls can now attend classes for three hours each day.

CONCLUSION

35. UNICEF has occasionally worked directly with NGOs, especially when activities are in a pilot phase. It is clear from these experiences that as a project grows, it needs mediating structures between the community group and the funding agencies, often in the form of a large NGO. It is important to involve government at the local, district and central levels. While pilot projects may have additional expenses linked to starting-up or to a small scale, it is important that as far as possible the management of the project set in place structures that can be replicated on a larger scale as well. These include efficient training, involvement of community leaders and clear mechanisms for regular coordination among donors.

36. Many community-based projects rely on volunteers to support and promote project activities. The experience of several projects indicates that such volunteers need sufficient training on a continuing basis and that they need firm professional backing, e.g., from health staff or community workers or facilitators.

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SUMMARY OF MID-TERM REVIEWS AND MAJOR EVALUATIONS OF COUNTRY PROGRAMMES

Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States region

SUMMARY

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1) which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. This is the first MTR report for Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States, the most recently added UNICEF region. The MTRs described in the present report were conducted during 1997 and the evaluations during 1996-1997.

INTRODUCTION

1. The present report describes the mid-term reviews (MTRs) conducted in eight countries in the region: Armenia, Azerbaijan, Kazakstan, Kyrgyzstan, Romania, Tajikistan, Turkmenistan and Uzbekistan. The outcomes of the reviews for Romania, Armenia and Azerbaijan were approved in July 1997 at high-level meetings with the Governments and other partners. Reviews of the programme directions in the Central Asian republics and Kazakstan (CARK) were undertaken through meetings with the sectoral ministries and other national partners. Lessons learned from the key evaluations and assessments reviewed in the present document have helped to guide programme strategy orientation in the region.

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Overall mid-term review observations

2. During the MTR process, the adverse social consequences of transition and emerging problems that affect children were reviewed with the Governments, thus establishing a stronger and more focused platform for advocacy and programme actions. A main observation was that government preoccupations with immediate problems of economic depreciation and market-oriented restructuring in many countries resulted in insufficient attention to social issues or services.

3. The Governments and other national partners deem it vitally important that UNICEF continue its cooperation on promoting cost-effective and sustainable approaches in health, education and social welfare. National partners emphasized that UNICEF support was needed to enhance the actions of civil society for the benefit of children, adolescents and women.

4. It has been recognized that during the transition period, old practices that in many ways depended on institutional solutions, are no longer viable. Therefore, greater emphasis should be placed gradually on the parental and family role in child development and protection as well as on support to families with children at risk. UNICEF, non-governmental organizations (NGOs) and Governments have reiterated their strong commitment to work together on educating communities and providing them with the knowledge and skills necessary to cope effectively with family responsibilities.

5. MTR-related assessments of UNICEF cooperation projects in Iasa District of Romania, Kuba District of Azerbaijan and the Aral Sea area of Kazakstan, Turkmenistan and Uzbekistan, aimed at the direct assistance, empowerment and promotion of an integrated approach to child care, confirmed the importance of subnational outreach as a cost-effective and sustainable strategy. The protection of children, youth and women can be significantly enhanced if due consideration is given to local practices and capacity-building of local partners. Subnational programme activities should serve as a basis for innovative cross-sectoral approaches to national and regional applications.

6. The lack of models for change and old practices still affect the abilities of Governments and NGOs to move towards an increased emphasis on social policy reform, infrastructural cost-effectiveness and accountability. Analysis reveals the great importance of the capacity-building strategy and the use of models of excellence to formulate successful programme approaches. Education, training, exposure to international experience and networking have a multiplier effect and have already begun to show positive results in many areas. UNICEF will continue efforts aimed at extensive capacity-building of both government institutions and NGOs, establishing sound networking mechanisms and applied research schemes.

The situation of children and women

7. Despite variations in development patterns and social strategies, the situation of children and women in all eight countries has much in common. The painful repercussions of change and new social dilemmas are compounded by unresolved problems inherited from the former system. Growing unemployment and a widening gap between income and prices are pushing more families into the poverty trap. Structural reorganization is causing further cutbacks in budget expenditures on education and health. Acute respiratory infections (ARI), perinatal complications and diarrhoeal diseases are the main causes of infant deaths. The incidence of vaccine-preventable diseases has decreased. However, in several countries, serious concerns remain about outbreaks of diphtheria, typhoid and malaria. There are problems of undernutrition of mothers and children and serious micronutrient deficiencies. School conditions continue to

deteriorate. The lack of textbooks and school supplies, declining teacher motivation due to poor salaries, and limited opportunity for in-service training are severely affecting the quality of education. Attendance rates are decreasing and drop-out rates are on the rise. High maternal mortality is a continuing cause for concern. The low level of hygiene awareness, combined with poor sanitation facilities, still constitutes a principal health problem.

COUNTRY MID-TERM REVIEWS

Caucasus

8. The MTR process in Armenia and Azerbaijan was timely as the situation was shifting from an emergency context to development and rehabilitation.

Armenia

9. As reported in the 1995-1999 country programme recommendation (CPR) (E/ICEF/1995/P/L.26), the objective of UNICEF activities was to ensure that critical basic services for children and women were maintained. UNICEF assisted in the development of quality practices and in increasing the efficiency and cost-effectiveness of social services. The establishment of baseline data was an increasingly important focus of the programme as there was a progressive shift towards systemic social sector reform.

10. The recommendations for corrections have been supported by studies on infant feeding practices, caretaker knowledge, treatment practices for ARI and the control of diarrhoeal diseases (CDD), training needs of school directors, and attitudes and practices for early childhood development (ECD). Encouraged by the lessons learned in other countries in the region and the MONEE report (the regional project in monitoring the transition in Central and Eastern Europe) on children at risk, UNICEF and the Government conducted a survey on the institutionalization and the living conditions of children in institutions that is now being used in programme development.

11. UNICEF provided both emergency and development support. UNICEF assisted in strengthening the national immunization programme through capacity-building, leading to the eradication of polio and control of diphtheria. Armenia has now achieved universal iodization of locally produced salt. Health workers were trained in ARI and CDD case management, immunization and breast-feeding promotion. In education, UNICEF advocacy has stimulated donors to participate in financing the production of primary grade textbooks for inclusion in the innovative textbook rental system. Supplementary donor contributions have been mostly for emergency activities, and commitments to fund longer-term reforms in social sectors are not yet clear. UNICEF implemented several projects jointly with other United Nations agencies: textbook production with the Office of the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Development Programme (UNDP); refugee children with UNHCR; and reproductive health with the United Nations Population Fund (UNFPA).

12. An assessment found that the bulk health supplies distribution system to the district polyclinics was ineffective. From 1997 onwards, UNICEF supplies were packaged in kits designed to provide a one-year supply for primary-level health care facilities, and the kits are distributed directly to the recipients. An assessment of initial efforts to introduce life skills learning has been hampered by the lack of in-country experience with interactive methodologies. Therefore, UNICEF will provide the necessary training. Regarding programme communication, greater attention will be paid to mobilization, empowerment and capacity-building of parents, youth, NGOs and media.

13. UNICEF will concentrate resources on increasing immunization coverage and improving health practices. New protocols for prevention, well-child care, child development screening and management of the sick child will be developed. UNICEF will continue to ensure the availability of essential medical and school supplies, training of social workers and provision of information materials. These inputs will be integrated in a comprehensive package targeted at specific districts. Increased attention will be paid to reproductive health.

14. As emergency needs gradually decrease, the overall focus of the programme will shift more towards children in need of special protection and the underserved rural population. UNICEF will promote community involvement in the management of schools, low-cost interventions targeted at families, and interactive life skills teaching methods. UNICEF will support the enhancement of education monitoring and reporting systems. New projects will be developed to support the return of institutionalized children to a family environment.

Azerbaijan

15. The CPR for Azerbaijan (E/ICEF/1995/P/L.26) established objectives to provide timely relief supplies to vulnerable groups facing difficult circumstances and, concurrently, lay the groundwork for sustainable development in the social sectors. The programme strategy focused on systemic change in the social sectors.

16. The programme has been combining traditional service delivery with innovations that have been carefully documented and discussed with major counterparts. The pilot primary health care (PHC) reform project in Kuba District, to be replicated in other districts, attained a series of positive results that include increased use of PHC services over in-patients care, improved management and increased competence in health financing and management, higher motivation of health practitioners and improved professional performance. The Convention on the Rights of the Child became a part of the curriculum in pilot schools; pupils, parents and teachers worked together to improve the quality of schooling through income-generation activities and in-kind donations. On the basis of matching grants, several communities have been able to support students from poorer families and incentives for teachers. A pilot project in Baku involves orphans in managing and providing services in mail and parcel delivery and is linked to an SOS-type crisis telephone call service run by the disabled. Several activities have been implemented in cooperation with United Nations partners, including: psycho-social rehabilitation and income generation with the World Food Programme and UNHCR; vaccination with the World Health Organization (WHO); and environmental education with UNDP.

17. Several studies and surveys leading to policy dialogue and new programme directions have been sponsored by UNICEF. Insightful studies on street children, public demands on health care and a report on the cost of medical care facilities in Kuba District have added to the development of innovative approaches to programme implementation. The health and nutrition survey of internally displaced and resident populations identified baseline information on the health conditions of the families affected by war.

18. The programme will continue with the development of innovative projects and further emphasize the need for evaluation and documentation of lessons learned. UNICEF will continue to act as the catalyst for policy dialogue on area-based initiatives affecting maternal and child health (MCH) and perinatal health, community education, and family-oriented ECD.

Central Asian republics and Kazakstan

19. Owing to the great similarities between countries, cooperation in CARK is through an area-wide approach based on the long-term goals agreed upon in the 1995-1999 CPR (E/ICEF/1995/P/L.25). Programmes on MCH, including immunization, nutrition, education, water and sanitation, and planning and advocacy, have led to progressive achievement of the initial objective of ensuring that children and mothers have access to basic services regardless of gender and ethnicity and that these services are maintained in cost-effective and sustainable ways. Strategies were developed to empower parents and care providers to act more constructively towards child's health, development and protection.

20. The MTR process for Kazakstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan involved an in-depth assessment of the area-wide strategy and country-specific activities. Lessons learned across all countries point out that programme implementation should remain flexible in view of ongoing changes in the situation of women and children as well as the evolution of government social policies. Progress in development collaboration is emerging. Supply assistance, except in addressing acute emergencies, should be viewed as part of development cooperation aimed at strengthening government and NGOs capacities.

21. The MTR process became the catalyst for a major new area-wide initiative - a permanent MCH forum to establish best approaches on perinatal, children and maternal health linked with nutrition, hygiene education and children's rights. Multiple indicator cluster surveys and area-wide evaluations on the control of ARI and CDD showed that home management needs to be improved.

22. Each country programme has a framework of cross-country activities. Many of the programme components such as health, nutrition, education and hygiene were reviewed in the context of an integrated subnational Aral Sea project for Kazakstan, Turkmenistan and Uzbekistan. This multisectoral project as well as other new initiatives, including the promotion of children's rights, the control of iodine deficiency disorders (IDD), support for educational information management and low-cost technologies for water supply, were introduced as a result of annual programme reviews with the Governments concerned. UNICEF cooperation with United Nations organizations continued to strengthen, including with WHO on breast-feeding, the expanded programme on immunization (EPI) and MCH; with UNDP on the Aral Sea and nutrition; with the United Nations Department of Humanitarian Affairs on inter-agency emergency assessment for Tajikistan; with UNHCR on tolerance education in Kyrgyzstan; and with the United Nations Educational, Scientific and Cultural Organization (UNESCO) on peace education in Tajikistan.

23. As a result of the MTRs, UNICEF will continue to support national and subnational implementation of health reforms and will assure direct assistance for the purchasing of vaccines and medical supplies. Efforts will be enhanced to reduce perinatal, neonatal and maternal mortality. The development and application of the integrated management of the childhood illness initiative will now become a priority across countries. In CDD and ARI prevention, UNICEF will shift to a multisectoral approach, including training on protocols and modern case management. High levels of iron deficiency anaemia in women and children were confirmed in authoritative studies. Therefore, priority will be given to anaemia prevention and control area-wide. In Kazakstan, Turkmenistan and Uzbekistan, UNICEF will continue to focus on assuring a high vaccination coverage through the Vaccine Independence Initiative, which will allow the countries to gradually become self-reliant in financing their vaccine needs.

Kazakstan

24. UNICEF was instrumental in bringing cost-effective management and treatment protocols to PHC systems and in initiating effective methods of empowerment, with greater personal and family responsibility for health and nutrition of children. UNICEF supported Government efforts in the decentralization of the social sector, especially with regard to MCH, and encouraged community and NGO participation in the development of activities.

25. Improved breast-feeding practices will be actively promoted as new organizational social mobilization and media facilities become operational in late 1997. UNICEF will support a national anaemia control action plan. High priority will be placed on rapid achievement of universal iodization of salt and iron fortification of flour. UNICEF will continue to provide basic supplies and teaching materials for schools in rural areas, will make every effort to expand education for tolerance, promote a new hygiene package and support public awareness on drinking water quality.

Kyrgyzstan

26. The national CDD/ARI policy was developed with UNICEF support and, together with the breast-feeding component, was incorporated into the new healthy nation strategy for the country. A centre was created to coordinate immunization activities throughout the country. UNICEF supplied vaccines, serum and antibiotics to combat a diphtheria epidemic. The new area-wide strategy for anaemia control was endorsed by the Government. The education programme addressed the immediate problems of basic school supply shortages. Food and emergency supplies such as coal for heating, shoes and winter coats were provided to children in the most deprived areas. In the future there will be a gradual shift away from emergency supply to development activities.

27. The Ashgabat CARK forum on children's rights showed that parliamentarians may provide considerable support to programmes of cooperation. Members of Parliament initiated the establishment of the Inter-parliamentary Association, which aimed to focus on issues affecting children in Central Asia. Parliamentarians commissioned the translation and publication of the Convention on the Rights of the Child in the local languages, supported the creation of a National Convention on the Rights of the Child Committee and expedited efforts to complete the first national report on the Convention.

28. UNICEF will continue to support the Government in promoting appropriate case management and treatment of ARI and CDD. Salt iodization equipment, supplies of potassium iodate and equipment will be provided to selected salt factories. The provision of basic school supplies and teaching materials will be continued. UNICEF will now advocate more systematically for the inclusion of health and hygiene education in the school curriculum as well as for adequate resource allocation to the social sectors using the "20/20" approach. Social mobilization will focus on reaching out to communities and local groups, engaging the media and producing educational materials in the areas of hygiene, health and children's rights.

Tajikistan

29. UNICEF supported governmental structures in building institutional capacities at the peripheral level. UNICEF assumed supply and strongly supported operational activities in the nationwide diphtheria control campaign. As a result of the evaluation, the nutrition programme is now being expanded to address iodine deficiency, anaemia and breast-feeding. By the end of 1997, new salt iodization equipment and supplies of iodate will be in use. Plans are also well under way for the installation of flour fortification equipment. UNICEF

has focused on the provision of school supplies and the development of education for tolerance project. UNICEF support in the water and sanitation programme has moved from rehabilitation of destroyed water supply systems at schools and health institutions to a community-based sustainable water supply.

30. Key lessons on water and sanitation have been learned. People's acceptance of appropriate hygiene promotion activities is high. The integrated approach, using low-cost technology options and emphasis on community participation, is having a positive impact. In addition to the need for modern hygiene teaching methods, local and national government institutions are receptive to new methods. Hygiene promotion in schools can be better achieved by including hygiene issues in the existing curriculum.

31. Following up on the MTR, UNICEF will continue to support implementation of health reforms at national and subnational levels and to provide direct assistance for vaccines and medical supplies. Evaluations on behaviour and programme impact of hygiene interventions will be undertaken to refine sector activities and strengthen intersectoral collaboration. UNICEF will continue to support the work of creating an NGO "umbrella" group for children. Priority will be given to advocacy for a national policy on essential drugs.

Turkmenistan

32. The health programme progressed extensively in upgrading the cold chain and building an integrated case management approach to childhood diseases. The iodization of salt and the fortification of flour were initiated. UNICEF is in the process of responding to a recent Government request to support the development of an education management information system.

33. As a result of the MTR process, the MCH and PHC components of the presidential health programme will be supported at both national and subnational levels. Direct assistance to provide essential drugs and medical supplies will continue. Training in CDD and ARI case management will be carried out, improving the knowledge of newly established family practitioners. EPI activities will focus on safe immunization practices, including vaccine handling and monitoring. Anaemia control will now include the strategy of weekly supplementation of iron for children under two years old, girls and women to be carried out on a limited scale given resource limitations. The iodization of salt will have a strong monitoring component. Expansion of the hygiene package in rural schools and health facilities will continue, especially through the Women's Union. Support to the National Convention on the Rights of the Child Committee and the parliamentary group on children's rights will be intensified.

Uzbekistan

34. In health, UNICEF has focused on restructuring the immunization cold-chain system and developing new integrated strategies to deal with childhood illness. Strengthening of administrative capacities continues in the IDD project, and machinery and iodate have been ordered. UNICEF provided basic teaching supplies to schools in the Aral Sea area. In-service teacher-training workshops on participatory methodologies were used to address sanitation and hygiene. UNICEF supported the provision of portable water testing kits and reagents as well as staff training on water quality monitoring. Local resources were used to produce hand-washing basins and water storage tanks for schools. UNICEF initiated the creation of a working group on the Convention consisting of parliamentary, government and NGO representatives. The national children's newspaper "Sunshine" began a special column on the Convention. Videos and animation films related to ARI, CDD and breast-feeding are under production.

35. Anaemia is among the leading health problems. According to a demographic and health survey, and based on a haemoglobin test added to the protocol due to UNICEF advocacy, over 60 per cent of women of reproductive age suffer from anaemia. This has now become the basis for increased advocacy and programming for anaemia control. According to official data, over 40 per cent of schoolchildren show signs of IDD. Recognizing this problem as a priority, the Government is developing a national IDD programme with UNICEF support.

36. UNICEF will strengthen cooperation with local NGOs, such as the National Children's Fund, in the areas of policy analysis and advocacy on the Convention. Convention-related activities will be developed with Parliament, local NGOs and the Institute for Monitoring of Current Legislation. UNICEF will continue to support the production of animated films and videos on health and hygiene. New priority topics will include maternal mortality, anaemia, HIV/AIDS and education for tolerance.

Romania

37. As reported in the CPR (E/ICEF/1995/P/L.26), the primary objective of UNICEF is to prevent the institutionalization of children through programme activities in MCH, family education and planning. Although the country programme pre-dates the regional approach paper presented to the Executive Board in 1996 (E/ICEF/1996/P/L.61), it follows the same strategic lines in terms of focusing on emergency interventions, capacity-building and strengthening of the nascent civil society institutions.

38. The MTR process was conceived and used as a data-driven tool in advocating for new national policies. As a result of the transition process taking longer than expected, many indicators regarding the situation of children and women are not yet showing dramatic improvements. The current country programme, which has helped to build a foundation for reform of the child care system, plays an important role in child protection and focuses on educating families to create a more child-centred society.

39. The basic design and main strategic directions of the country programme were confirmed by the MTR, and several improvements and adjustments were recommended. The MTR highlighted the superiority of a child-centred approach, the importance of furthering involvement of national counterparts and reinforcing the ownership of projects in national hands. The catalytic role of UNICEF in bringing the Government, donors and NGOs together was reiterated.

40. The family education programme developed a successful model of behaviour change. Achievements in the health field include more efficient nutrition surveillance and the integration of hepatitis B into the national immunization programme. The challenge is to identify efficient ways to support the process of reforming the child care system initiated by the current Government within the framework of decentralized social services. Collaboration with the Italian Institute for Statistics has strengthened the policy-related use of statistics and represents a successful model of capacity-building for analysis and monitoring of the situation of children.

41. Lessons learned include the usefulness of the Convention as a focus for activities; the value of including key donors as partners in both programme design and evaluation; the importance of evaluation plans as an integral component of programme design and implementation; the potential of high-level advocacy to change national approaches to intractable problems; and the merit of bringing Government, donors and other partners together at the district level to plan, implement and review concrete programmes. UNICEF will also shift a significant portion of advocacy and capacity-building from the national to the district level and will support applied research on vulnerable groups. UNICEF

will enhance cooperation with the United Nations agencies, including with UNFPA on women's health, with UNESCO on the integration of disabled children into schools and with WHO on safe immunization process.

MAJOR EVALUATIONS

Regional evaluation of the Baby-Friendly Hospital Initiative

42. Evaluation methods included a desk review of existing information; dissemination of a questionnaire to 26 countries in the region; and field visits to three countries: one with a country programme (Armenia), one with a National Committee (Poland) and one with neither country programme or National Committee (Russian Federation). In spite of considerable progress, the evaluation reported that in the area of national legislation, achievements have been limited and without significant efforts. Industries producing breast-milk substitutes with much more extensive advertising resources will prevent breast-feeding from becoming more widespread. It was recommended that UNICEF refocus its efforts on assisting the Governments to develop monitoring and evaluation systems and national legislation. The results of this evaluation have been taken into account in regional support and country-level activities.

Regional evaluation of UNICEF support to the control of iodine deficiency disorders

43. The evaluation was based on four methodological components: a desk review of documentation available in the UNICEF regional office; interviews with IDD experts; analysis of a questionnaire on activities related to IDD control distributed to 27 countries; and field visits to four countries (Bulgaria, Kazakstan, Turkey and Ukraine). The evaluation pointed out that UNICEF support to this effort has done particularly well in terms of advocacy, supporting legislation, intersectoral mobilization, monitoring and programming. However, current challenges reside in implementing iodization where it is still unavailable and in supporting Governments in three crucial areas: programming; monitoring; and social mobilization. Additional recommendations address the need for: (a) accurate information on IDD prevalence and salt mapping; (b) sustaining the excellent achievements and identifying critical areas for further action; (c) promoting formative evaluations from the beginning of the programme; and (d) supporting the collection of baseline data for later evaluations. The regional threat of IDD and the evaluation were introduced and discussed at the Regional Conference on Elimination of IDD in Central and Eastern Europe/Commonwealth of Independent States and the Baltics (Munich, October 1997). As this evaluation was being finalized at the time of writing the present report, UNICEF is now examining new strategies and approaches to assist Governments in their efforts to combat IDD.

Children at risk in Central and Eastern Europe: perils and promise

44. An extensive system to monitor the social conditions during transition to the market economy in the region (MONEE project) has been established at the UNICEF International Child Development Centre in Florence, Italy. This system, which is based on a broad networking with relevant government and research institutions of almost all the countries of the region, allows for in-depth analysis of the effects of the transition on the conditions of children. One of the main conclusions is that while political and economic transition has opened the way for long-term sustainable development, its immediate effect on a wide range of child/family welfare indicators has been negative. In many cases, the magnitude of the deterioration has been alarming: more children are entering public care than leaving and more children are in public care now than there

were six years ago. As a result of this report, advocacy, assessment and the development of collaboration in this area of de-institutionalization and support to families is now being undertaken in many of the countries of the region.

Active learning project, The Former Yugoslav Republic of Macedonia

45. The Ministry of Education saw classroom teaching as a priority, seeking to move away from the teacher-centred learning which has been the basis of children's experience of education. The move towards a more child-centred approach would help to equip children to adapt to the changing context they would confront in this period of transition. Independent learning is being encouraged. Organizational changes to the teaching day allow teachers to focus on smaller groups of children with similar needs. Parents and teachers report that children who were previously withdrawn, now have greater confidence to participate and interact with others. The evaluation stressed the importance of keeping parents fully involved in the process and recommended that the university teacher-training faculties should examine ways to introduce the methodology to teachers. This first qualitative analysis of education in the country highlighted the importance of identifying the strengths of the national system prevailing in most classrooms and ensuring that these are not lost in the reform process. The new approach has been extended to 44 schools.

Diphtheria

46. Studies carried out in Georgia, the Russian Federation and Ukraine have shown that a one-shot diphtheria toxoid vaccine recommended by WHO and UNICEF for diphtheria control in the new independent States is successful. Countries that have followed this recommendation have seen the incidence of diphtheria reduced by 80 to 90 per cent within one year. Official statistics do not reflect the situation of minorities, and little is known about their health and nutrition status in Europe. Partial data from Bulgaria and Romania show that infant mortality and morbidity rates for infectious diseases could be higher in these groups.

CONCLUSION

47. Under the circumstances of profound transitional changes, the MTR process served as a catalyst for enhancing and streamlining UNICEF collaboration with Governments and other national and international partners on priority issues related to the survival, development and protection of children. It allowed for initiating consideration of new areas for UNICEF cooperation during the next programme cycle. The MTRs also allowed for various approaches to be analysed for flexibility, effectiveness and integrity vis-à-vis country development plans and national social policy strategies. The necessity of furthering a comprehensive rights-based approach has been recognized by all partners concerned. It was reinforced by the MTR process that in all countries of the region, UNICEF has the respect and active support of the major United Nations agencies operating side-by-side. Romania, the first country in the region to undergo United Nations Development Assistance Framework reforms will provide useful lessons for subsequent countries that follow in these major reform efforts to establish an operating framework that recognizes and takes into account the UNICEF perspective to country programmes and development.

48. In future, continual emphasis will be given to develop a more comprehensive culture of evaluation in all country programmes so that not only will innovative strategies and interventions be implemented, but they also will be examined critically as to their impact on children and the lessons learned that will add to an even more extensive knowledge base of the region and UNICEF practices.